Case 2:11-bk-57599 Doc 49 Filed 03/25/15 Entered 03/25/15 18:59:47 Desc Main Document Page 1 of 4

Fill in this information	n to identify your case:	
Debtor 1	Cameron L. Saunders	
Debtor 2 (Spouse, if filing)		
United States Bankr	uptcy Court for the: SOUTHERN DISTRICT OF OHIO	
Case number 2	2:11-bk-57599	Check if this is:
(If known)		■ An amended filing
Official Forr	m B 6I	A supplement showing post-petition chapter 13 income as of the following date: 3/25/2015 MM / DD/ YYYY
Schedule I:	: Your Income	12/1:
	accurate as possible. If two married people are filing together (I	

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed □ Not employed	☐ Employed ☐ Not employed
	Include part-time, seasonal, or self-employed work.	Occupation Employer's name	foreman Speer Mechanical	_
	Occupation may include student or homemaker, if it applies.	Employer's address	600 Oakland Park Avenue Columbus, OH 43214	
		How long employed to	here? weekly/6 months	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 4,985.07 \$ N/A

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ N/A

4. Calculate gross Income. Add line 2 + line 3.

Official Form B 6I Schedule I: Your Income page 1

Deb	tor 1	Cameron L. Saunders	_	Case	number (if known)	2:11-b	k-57599	
				For	Debtor 1		ebtor 2 or	
	Сору	y line 4 here	4.	\$	4,985.07	\$	iling spouse N/A	
5.	Liet	all payroll deductions:						
J.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,072.67	\$	N/A	
	5a. 5b.	Mandatory contributions for retirement plans	5a. 5b.	\$ −	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	
	5e.	Insurance	5e.	\$	0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	
	5g.	Union dues	5g.	\$_	272.13	\$	N/A	
	5h.	Other deductions. Specify: Child Support	5h.+	\$_	520.00	+ \$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,864.80	\$	N/A	
7.	Calc	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ <u> </u>	3,120.27	\$	N/A	
8.		all other income regularly received:						
	8a.	Net income from rental property and from operating a business, profession, or farm						
		Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total	90	\$	0.00	¢	NI/A	
	8b.	monthly net income. Interest and dividends	8a. 8b.	\$ \$	0.00	\$	N/A N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent		Ψ_	0.00	Ψ	<u>IVA</u>	
		regularly receive						
		Include alimony, spousal support, child support, maintenance, divorce	90	c	0.00	¢	NI/A	
	8d.	settlement, and property settlement. Unemployment compensation	8c. 8d.	\$ \$	0.00	\$	N/A N/A	
	8e.	Social Security	8e.	\$ -	0.00	\$ <u> </u>	N/A	
	8f.	Other government assistance that you regularly receive	00.	Ť-	0.00		14/74	
		Include cash assistance and the value (if known) of any non-cash assistance)					
		that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.						
		Specify:	8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	8 g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A	
-			L	_	0.00	Ľ		3
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$		3,120.27 + \$		N/A = \$	3,120.27
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			-		" " ' -	0,120.27
11.	State	e all other regular contributions to the expenses that you list in Schedule	. <u> </u>					
	Inclu	de contributions from an unmarried partner, members of your household, your		lents,	your roommates	s, and		
		r friends or relatives. lot include any amounts already included in lines 2-10 or amounts that are not	ove ilebi		av avnanasa list	adia Ca	bodulo I	
	Spec		avallabl	e io t	ay expenses iisi	eu III Sci	11. + \$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certa.						
	appli					.,	12. \$	3,120.27
							Combin	ed
								income
13.	Do y	rou expect an increase or decrease within the year after you file this form	?					
	_	No. Yes. Explain:						
	1 1	I US. LAPIGIII.						

Fill	in this informa	ition to identify yo	our case:					
	otor 1	Cameron L.		s			k if this is: An amended filing	
	otor 2 ouse, if filing)						A supplement show 13 expenses as of	wing post-petition chapter the following date:
Unit	ed States Bankı	ruptcy Court for the	: SOUTH	HERN DISTRICT OF OHIO	<u> </u>	-	3/25/2015 MM / DD / YYYY	
	e number 2:	11-bk-57599					A separate filing fo 2 maintains a sepa	r Debtor 2 because Debtor rate household
O	fficial Fo	rm B 6J	_					
		J: Your						12/1:
info	ormation. If m		eded, atta	. If two married people ar ach another sheet to this n.				
Par	t 1: Descr Is this a joir	ribe Your House	hold					
	■ No. Go to	line 2.	in a separ	ate household?				
	□ N □ Y	-	st file a sep	parate Schedule J.				
2.	Do you have	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state dependents'				Daughter		15	□ No ■ Yes
								☐ Yes
							. <u> </u>	□ No □ Yes
								□ No □ Yes
3.	expenses o	penses include f people other t d your depende		No Yes				- 100
Est	imate your ex		our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp				
the		h assistance an		government assistance i			Your exp	enses
4.	The rental of			uses for your residence. I	nclude first mortgage	4. \$		822.45
	. ,	led in line 4:	-					
		estate taxes				4a. \$		0.00
		rty, homeowner's	s, or renter	's insurance		4a. \$		0.00
				upkeep expenses		4c. \$		25.00
_		owner's associat				4d. \$		25.00
5.	Additional r	mortgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00

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56. Mater, sewer, garbage collection 66. \$ 120.1	Debtor	1 Cameron L. Saunders	Case number (if known)	2:11-bk-57599
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. S. Old. 7 Trash pickup 7 Trash pickup 7 S. S. 1000 7 S. 10	6 14	tilities		
Bot Water, sewer, garbage collection Bot S 120.1	-		6a. \$	300.00
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Cable/internet/telephone package 6d. S 150.0 Trash pickup 8 3 35.1 Cell phone package (2 phones) 7 \$ 402.2 Childcare and children's education costs 8 \$ 50.0 Clothing, laundry, and dry cleaning 9 \$ 75.1 Personal care products and services 10 \$ 50.0 Medical and dental expenses 11 \$ 100.0 Fransportation. Include gas, maintenance, bus or train fare. Do not include car payments. Charitable contributions and religious donations 14 \$ 0.0 Charitable contributions and religious donations 14 \$ 0.0 Scharitable contributions and religious donations 15 Le learning to the contributions and religious donations 16 Le Vehicle insurance 17 \$ 0.0 Scharitable contributions and religious donations 18 \$ 0.0 Scharitable contributions and religious donations 19 \$ 0.0 Scharitable contributions and religious donations 10		•••		
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Trash pickup Cell phone package (2 phones) Cell phone package (2 phones) Cell phone package (2 phones) Food and housekeeping supplies 7. \$ 422.* Childcare and children's education costs 8. \$ 50.0 Clothing, Laundry, and dry cleaning 9. \$ 75.5 Personal care products and services 10. \$ 50.1 Medical and dental expenses 11. \$ 100.0 Medical and dental expenses 11. \$ 100.0 Do not include car payments. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 20.5 Charitable contributions and religious donations 14. \$ 0.0 Section of include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance of the specific insuran				
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